

Health Care Reform that's Right for South Dakota

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This weekend, the House took one of the most important votes of the year, on an issue that has been a priority for me since I first was given the honor of representing South Dakotans in Congress. I have long believed that the strength of our communities in South Dakota depends on the health of our people and that, unfortunately, quality, affordable care remains out of reach for far too many South Dakotans.

I am convinced this Congress and the President will achieve fundamental reform because our country must fix what's broken in our health care system. The status quo is unsustainable. It's critical that we control rising health care costs, increase quality and value within our health care system, and that we improve access to health care and affordable health care insurance coverage. There is simply too much at stake for South Dakota's families and businesses, who have either seen their premiums rise sharply year after year, or who still have no access to an affordable plan.

Done right, health care reform will both ensure that more people have access to quality health care and just as critically, make the common sense reforms that are necessary to fix an

unsustainable system that threatens our fiscal future. These twin goals of addressing access, quality and costs on the one hand, and solidifying our fiscal future on the other are not mutually exclusive. In fact, they are complementary.

Unfortunately, the House bill missed this critical opportunity. While it did include many good provisions, it was not the right answer for South Dakota. It could unintentionally threaten existing access to health care in our state, and it did not include nearly enough cost-containment and deficit reduction measures.

Specifically, I am concerned about the House bill's potential to limit South Dakotans' access to care when it comes to the impact of Medicaid provisions on South Dakota's state budget, and the reductions in payments for long-term care under Medicare.

These are but two examples of how the House bill falls short on the first goal I laid out - access to care. But underlying these and other issues is a fundamental concern about the effect of the House bill on the nation's long term deficit, and more specifically, my view that it doesn't do enough to start bringing down the deficit and health care costs in the long term. As President Obama noted earlier this year, quote: "If we do nothing to slow these skyrocketing costs, we will eventually be spending more on Medicare and Medicaid than every other government program combined. Put simply, our health care problem is our deficit problem. Nothing else even comes close." He's right. Skyrocketing long-term costs will bankrupt the Medicare trust fund by 2017 - and that's just part of the problem we need to fix.

But when it comes to the net change in the federal budgetary commitment to health care, the House bill is seven times greater in budgetary commitment of dollars than the Senate Finance Committee bill, while falling far short of the long-term cost containment in the Senate bill. In my view, any bill with such a significant increase should have a similar commitment to cost containment. Otherwise, we'll find ourselves in the same situation we find ourselves in with Medicare - an essential program for South Dakotans that is going broke because we can't make the tough choices now and are putting those choices off until we face an immediate crisis. That's not reform, that's a recipe for fiscal disaster.

Now, the House bill does include a number of good provisions on which the vast majority of South Dakotans I have talked to agree. For instance, I strongly support provisions in this bill to require insurance companies to cover people with preexisting conditions, and to end the insurance companies' ability to cancel coverage when someone becomes sick. These practices must end. I was surprised and dismayed to see that the House Republican proposal that we also voted on refuses to end the unconscionable practice of denying coverage for preexisting conditions. The Congress will ultimately agree on a bill that ends this practice. In addition, I support establishing health insurance exchanges to provide a transparent and competitive marketplace for individuals and businesses to buy more affordable health care plans.

Unfortunately, in my view the House bill did not come far enough from where it started, and the bill does not represent the right formula for South Dakota. Nonetheless, I am very optimistic that, with the House and Senate working together with the President, we will achieve a good bill for South Dakota during this Congress. The time has come for fundamental reform.

Again - I believe the Congress has a responsibility to pass health care reform legislation that is deficit neutral, that ensures access, fairness and affordability of coverage for South Dakotans, and that takes a responsible approach to long-term costs with a focus on achieving higher quality health care outcomes. The House bill met some of these goals but not all, and I couldn't

support it. I remain steadfastly committed to improving this legislation and I am optimistic that through the legislative process we will achieve what South Dakotans deserve, which is a fiscally responsible and sustainable reform of the health care system that will dramatically improve coverage and quality for all.